



Golimumab (Simponi®)

Prior Authorization Criteria for the TRICARE Pharmacy Program

Golimumab (Simponi) is indicated for the treatment of moderately to severely active rheumatoid arthritis, given in combination with methotrexate. It is also approved for the treatment of adult patients with psoriatic arthritis alone or in combination with methotrexate, and reducing signs and symptoms in patients with active ankylosing spondylitis.

The use of golimumab in combination with other medications that work through the same or a similar mechanism of action, such as adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), and infliximab (Remicade), is not well-supported by the clinical literature and may be associated with increased adverse events.

To limit wastage, the maximum quantity of golimumab that will be dispensed at any one time is an 8 weeks supply from the TRICARE Mail Order Pharmacy (TMOP) and a 4 weeks supply from retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for golimumab (Simponi) obtained through the TRICARE Mail Order Pharmacy (TMOP) or retail network pharmacies as part of the TRICARE Retail Pharmacy (TRRx) Program. The prior authorization form for golimumab (Simponi) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

SPECIAL NOTE: Enbrel, Kineret, Simponi and Cimzia are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira, and Amevive, which are formulary (Tier 2). TRICARE does not cover Enbrel, Kineret, Simponi and Cimzia for Active duty beneficiaries, who pay no co-pay, unless it is determined to be medically necessary instead of a formulary agent.

Medical necessity forms are available on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The PA form may NOT be used to meet medical necessity requirements. Active duty beneficiaries newly starting on Enbrel, Kineret, Simponi and Cimzia require both forms.

Prior Authorization Criteria for Golimumab Injection (Simponi)

- Coverage provided for the treatment of moderately to severely active rheumatoid arthritis used in combination with methotrexate
- Coverage provided for the treatment of active arthritis in patients with psoriatic arthritis.
- Coverage provided for the treatment of active ankylosing spondylitis.
- Coverage NOT provided for concomitant use with anakinra (Kineret), etanercept (Enbrel), infliximab (Remicade), abatacept, (Orencia), or rituximab (Rituxan).

*Criteria approved through the Uniform Formulary decision-making process
(August 2009).*

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